County: Vernon NORSELAND NURSING HOME 323 BLACK RIVER ROAD WESTBY 54667 Phone: (608) 634-3747
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 59
Total Licensed Bed Capacity (12/31/00): 59
Number of Residents on 12/31/00: 56 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? City Skilled No Yes Average Daily Census: 57

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups		Less Than 1 Year 1 - 4 Years	33. 9 44. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	21. 4
Day Servi ces	No	Mental Illness (Org./Psy)	33. 9	65 - 74	5. 4		
Respite Care	No	Mental Illness (Other)	7. 1	75 - 84	33. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46. 4	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	14. 3	Full-Time Equivale	nt
Congregate Meals	No	Cancer	3. 6			Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	8. 9		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	7. 1	65 & Over	100. 0	[
Transportati on	No	Cerebrovascul ar	7. 1			RNs	10. 1
Referral Service	No	Diabetes	7. 1	Sex	%	LPNs	8. 6
Other Services	No	Respi ratory	5. 4			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	19. 6	Male	21. 4	Aides & Orderlies	38. 4
Mentally Ill	No			Femal e	78. 6		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No		****	· • • • • • • • • • • • • • • • • • • •	100.0		****

Method of Reimbursement

		Medi (Ti tl			Medic (Title			0th	er	P	ri vate	Pay		Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	7. 5	\$109. 86	0	0. 0	\$0.00	0	0. 0	\$0, 00	0	0. 0	\$0.00	3	5. 4%
Skilled Care	ĭ		\$320. 86	35	87. 5	\$93. 43	ŏ	0. 0	\$0.00	14		\$111.00	ŏ	0. 0	\$0.00	50	89. 3%
Intermediate				2	5.0	\$77. 01	0	0.0	\$0.00	1	6. 7	\$108.00	0	0.0	\$0.00	3	5. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	1	100.0		40	100. 0		0	0.0		15	100.0		0	0. 0		56	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as o	f 12/31	/00
beachs builing keporeing refrou		\		g	6 Needing			Total
Percent Admissions from:		Activities of	%		sistance of	% Totally		mber of
Private Home/No Home Health	11.5	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Re	si dents
Private Home/With Home Health	0. 0	Bathi ng	0. 0		14. 3	85. 7		56
Other Nursing Homes	9. 6	Dressing	12. 5		60. 7	26. 8		56
Acute Care Hospitals	73. 1	Transferring	37. 5		35. 7	26. 8		56
Psych. HospMR/DD Facilities	0.0	Toilet Use	19. 6		55. 4	25. 0		56
Reĥabilitation Hospitals	0.0	Eating	71. 4		16. 1	12. 5		56
Other Locations	5.8	****************	*********	*****	*********	********	*****	******
Total Number of Admissions	52	Conti nence		%	Special Trea			%
Percent Discharges To:		Indwelling Or Externa		7. 1		Respiratory Care		8. 9
Private Home/No Home Health	22. 2	Occ/Freq. Incontinent		41. 1		Tracheostomy Care		0. 0
Private Home/With Home Health	13. 0	Occ/Freq. Incontinent	of Bowel	25. 0	Recei vi ng			0. 0
Other Nursing Homes	3. 7					Ostomy Care		3. 6
Acute Care Hospitals	3. 7	Mobility				Tube Feeding		1. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	ì	17. 9	Recei vi ng	Mechanically Altered I	Di ets	10. 7
Rehabilitation Hospitals	0. 0							
Other Locations	7.4	Ski n Care				nt Characteristics		
Deaths	50. 0	With Pressure Sores		1.8		ce Directives		76. 8
Total Number of Discharges		With Rashes		10. 7	Medi cati ons			
(Including Deaths)	54	1			Recei vi ng	Psychoactive Drugs		39. 3

		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	Government		50-99		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96. 6	87. 0	1. 11	85. 4	1. 13	84. 1	1. 15	84. 5	1. 14
Current Residents from In-County	80. 4	75. 8	1.06	72. 9	1. 10	76. 2	1.06	77. 5	1.04
Admissions from In-County, Still Residing	25 . 0	28. 9	0.87	21. 3	1. 17	22. 2	1. 13	21. 5	1. 16
Admissions/Average Daily Census	91. 2	81. 9	1. 11	101.3	0. 90	112. 3	0.81	124. 3	0. 73
Discharges/Average Daily Census	94. 7	83. 2	1. 14	101. 3	0.94	112.8	0.84	126. 1	0. 75
Discharges To Private Residence/Average Daily Census	33. 3	32. 1	1.04	37. 6	0.89	44. 1	0. 76	49. 9	0. 67
Residents Receiving Skilled Care	94. 6	88. 8	1. 07	89. 6	1.06	89. 6	1.06	83. 3	1. 14
Residents Aged 65 and Older	100	89. 7	1. 11	93. 4	1.07	94. 3	1.06	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	71. 4	69 . 4	1.03	69. 0	1.03	70. 1	1. 02	69. 0	1.04
Private Pay Funded Residents	26. 8	20. 1	1. 33	23. 2	1. 15	21.4	1. 25	22. 6	1. 19
Developmentally Disabled Residents	0. 0	0. 8	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally III Résidents	41. 1	47. 5	0.86	41.5	0. 99	39. 6	1. 04	33. 3	1. 23
General Medical Service Residents	19. 6	15. 2	1. 29	15. 4	1. 28	17. 0	1. 16	18. 4	1.07
Impaired ADL (Mean)	53. 9	50. 7	1.06	47. 7	1. 13	48. 2	1. 12	49. 4	1.09
Psychological Problems	39. 3	58. 0	0. 68	51. 3	0. 77	50. 8	0. 77	50. 1	0. 78
Nursing Care Required (Mean)	4. 7	6. 9	0. 68	6. 9	0. 68	6. 7	0. 70	7. 2	0. 66